

Question and Answer

Medicaid Case Management 2016 RFQ

	Program Area	Question	Answer
1	MCM	Can an agency do case management if it also provides the same service (home care)?	There is a conflict of interest with agencies who provide Medicaid services such as homecare. You would be ineligible to apply unless you can demonstrate a clear organizational structure that would mitigate the conflict.
2	MCM	Can a private home care agency apply for the RFQ?	see response to Q1
3	MCM	The sample staffing plan (Page 12 of the RFQ) shows a trainer position in the staff configuration. Does this have to be a dedicated position? What type of training is provided and required?	An agency is required to have a training role, but the trainer does not have to be a dedicated staff position. DSHS provides initial training on the CARE tool to all new staff. While the state sponsors webinars and ADS provide high level ongoing training, in-house staff should also support case managers with ongoing training needs.
4	MCM	Can a supervisor be a trainer?	Yes, the supervisor can also be a trainer as long as staff ratios are met.
5	MCM	How long does it take to be CARE certified?	There is no certification process for CARE. CARE trainings are available every month through the DSHS office. There is an online policy training and 3 day in-person applications training. Assessments should be conducted with the trainer or case manager's supervisor until the case manager feels comfortable using the tool.
6	MCM	Is there train-the-trainer training?	Yes. Trainers across the state meet every couple of months.
7	MCM	Is it expected for the awarded applicant to be up and running by July 1?	No. There will be a transition period with a cost reimbursement contract for the first 6 months which will then transition to a unit rate contract.
8	MCM	Is it feasible for collaborations and partnerships for staff to work together across multiple agencies?	It is possible for staff to work together across multiple agencies but roles and responsibilities would need to be clearly outlined. Ultimately, someone needs to be responsible for the client.
9	MCM	What is the age range of the clients served?	18 and older is the age criteria.

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10	MCM	Please describe the IP process. Who is legally responsible?	An individual provider or an “IP” is a family member or a friend of the client that performs personal care tasks. The IP cannot be a spouse of the client and cannot be employed by a home care agency. The case manager would do an initial screening to see if the IP has any disqualifying crimes (https://www.dshs.wa.gov/sites/default/files/FSA/bccu/documents/Secretary%27sCrimesListforALLPrograms.pdf) and to see if the IP understands the job and is available when the client needs the service. The case manager will also perform a background check (renewed every two years) and send the IP to another agency to be finger printed. If the IP has a criminal record but not a disqualifying crime, the case manager must conduct a character competency and suitability review. The IP receives an orientation, then signs a state contract but is not employed by the state. The client is the IP’s employer and all IP’s are represented by SEIU. The agency then conducts an orientation and sets up the IP in the state payment system. The case manager, supervisor, and ultimately the agency is responsible to ensure client safety and care needs are being met.
11	MCM	Who makes the final decision about the character competency and suitability?	Case managers receive guidance from supervisors regarding character competency and suitability. The IP’s criminal history cannot relate to tasks required for client’s needs. For an example, if the IP had a driving under the influence (DUI) offense, another plan must be in place if the client needs assistance with transportation. Clients are able to appeal a decision through an administrative hearing if their IP was deemed not suitable.
12	MCM	What percent of clients have an IP?	About 70% of clients have an IP and 80%-90% in ethnic communities. IP’s work under DSHS contract, not for a home care agency.
13	MCM	Do case managers find IP’s for their clients?	No, the home care referral registry has a list of available IP’s. Clients are able to select an IP from their list, if they choose.
14	MCM	Can we partner with a home care agency?	If an agency partners with another agency that provides long term support services, such as home care, you must clearly outline how you would mitigate the conflict (see page 13 of the RFQ). Agencies must also provide all the available options for the client to choose the best option that will best meet their needs.

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15	MCM	Will the 1115 waiver have an impact to this program?	The state is applying for a new waiver through CMS called the 1115 waiver. This waiver is intended to provide more service options focused on the pre-Medicaid population to have a broader array of continuum of care services. The goal is to provide lower cost and service options to clients to ultimately delay the need for higher cost support and services such as that of the Medicaid case management.
16	MCM	Will there be a duplication of costs if a client is co-enrolled in housing and LTSS?	No, clients cannot be co-enrolled in the different 1115 waiver programs. The programs will expand the options available for clients.
17	MCM	Do you want a start-up timeline for each service or one timeline?	One timeline.
18	MCM	Page 5, slide 10 of the power point (Page 12 of the RFQ) has a sample staffing guideline ratio. Is that mandatory or suggested?	The case handling ratio is the only ratio that is mandatory. All other ratios are suggested and may fluctuate over time. Case aides are also not a required position but assists with administrative work (e.g. ordering medical equipment) so case managers are able to focus on clients clinical needs.
19	MCM	What is the selected agency's liability for both case management care planning and consulting nurse services? For example, if a client requires medication management, a care plan is devised and the client receives a consultation from a nurse, but then has a negative medical reaction. Who is liable (DSHS, ADS or the Agency) if the client/client's family decides to seek legal recourse?	In the example given, the case management agency could be held liable through litigation if there was a negative client outcome and if someone (client or family) brings a claim against the agency. Liability could also be attributed to ADS and DSHS or parties such as a home care agency. It depends on who is named in the claim. When a claim is made against multiple parties, the amount of liability or responsibility for the negative outcome is attributed on a percentage basis to each party. In this example, liability could be attributed 50% to one agency, 35% to another and 15% to the third organization. The monetary award of damages, either through a settlement agreement or through a trial, is then divided up based on assigned liability. In ADS' experience all claims have been settled out of court.
20	MCM	Other than General Liability coverage, is there any other required insurance coverage?	The insurance requirements for this program are the same as others contracted under the Human Services Dept. No additional insurance coverage is required. Please refer to the Master Service Agreement

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21	MCM	As costs continue to rise for the provision of medical care and the regional cost of living and cost of doing business in King County, what is the mechanism to renegotiate the cost per client rate in the future?	The funding for this program is allocated by the state legislature. An agency may request to renegotiate its rate with ADS, however unless additional resources are allocated at the state level rate increases may not be possible.
22	MCM	After a selected agency begins the provision of service, is there flexibility in working with the other contracted providers to share regional and ethnic responsibility across King County to have maximum impact on the populations being served (i.e. can the selected agency “trade” geographies with another provider and move from the Eastside to other areas of the county where they have more capacity and complementary services?)?	ADS will work with subcontracted agencies to ensure that program needs across the county are met and that client services are delivered in an efficient manner. It is possible that an agency’s geographic or population focus will shift over time, though this process must be managed through ADS. We do not permit subcontracted agencies to subcontract their work.